

subsidiary, Midwest Investment Advisory Services, Inc., in providing portfolio investment advice to individuals, pension and profit sharing plans and trusts, financial institutions, general business corporations, charitable institutions, and educational institutions. These activities will be performed from an office located in St. Louis, Missouri, serving Arkansas, Illinois, Iowa, Missouri, and Tennessee.

D. *Federal Reserve Bank of Chicago* (Franklin D. Dreyer, Vice President) 230 South LaSalle Street, Chicago, Illinois 60690:

Midland Mortgage Corporation, Detroit, Michigan (mortgage banking activities; United States): to engage in the origination of mortgage loans at two offices of the holding company, located in Clearwater, Florida, and Grand Rapids, Michigan. The geographic scope of the operations of such offices is to be nationwide.

E. *Other Federal Reserve Banks:* None.

Board of Governors of the Federal Reserve System, September 29, 1980.

Jefferson A. Walker,

Assistant Secretary of the Board.

[FR Doc. 80-31908 Filed 10-10-80; 8:45]

BILLING CODE 6210-01-M

People's Bancshares of Caddo, Inc.; Formation of Bank Holding Company

People's Bancshares of Caddo, Inc., Blanchard, Louisiana has applied for the board's approval under section 3(a)(1) of the Bank Holding Company Act (12 U.S.C. 1842(a)(1)) to become a bank holding company by acquiring 80 percent or more of the voting shares of Republic Bank, Blanchard, Louisiana. The factors that are considered in acting on the application are set forth in section 3(c) of the Act (12 U.S.C. 1842(c)).

The application may be inspected at the offices of the Board of Governors or at the Federal Reserve Bank of Dallas. Any person wishing to comment on the application should submit views in writing to the Reserve Bank, to be received not later than November 6, 1980. Any comment on an application that requests a hearing must include a statement of why a written presentation would not suffice in lieu of a hearing, identifying specifically any questions of fact that are in dispute and summarizing the evidence that would be presented at a hearing.

Board of Governors of the Federal Reserve System, October 6, 1980.

Jefferson A. Walker,

Assistant Secretary of the Board.

[FR Doc. 80-31907 Filed 10-10-80; 8:45 am]

BILLING CODE 6210-01-M

FEDERAL TRADE COMMISSION

Early Termination of the Waiting Period of the Premerger Notification Rules

AGENCY: Federal Trade Commission.

ACTION: Granting of request for early termination of the waiting period of the premerger notification rules.

SUMMARY: Weeks Petroleum Limited is granted early termination of the waiting period provided by law and the premerger notification rules with respect to the proposed formation of a joint venture. The grant was made by the Federal Trade Commission and the Assistant Attorney General in charge of the Antitrust Division of the Department of Justice in response to a request for early termination submitted by Weeks Petroleum. Neither agency intends to take any action with respect to this acquisition during the waiting period.

EFFECTIVE DATE: September 30, 1980.

FOR FURTHER INFORMATION CONTACT:

Naomi Licker, Attorney, Premerger Notification Office, Bureau of Competition, Room 303, Federal Trade Commission, Washington, D.C. 20580 (202-523-3894).

SUPPLEMENTARY INFORMATION: Section 7A of the Clayton Act, 15 U.S.C. 18a, as added by Title II of the Hart-Scott-Rodino Antitrust Improvement Act of 1976, requires persons contemplating certain mergers or acquisitions to give the Commission and Assistant Attorney General advance notice and to wait designated periods before consummation of such plans. Section 7A(b)(2) of the Act permits the agencies, in individual cases, to terminate this waiting period prior to its expiration and requires that notice of this action be published in the Federal Register.

By direction of the Commission.

Carol M. Thomas,

Secretary.

[FR Doc. 80-31912 Filed 10-10-80; 8:45 am]

BILLING CODE 6750-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service, Health Resources Administration

Application Announcement; Public Health Special Project Grants

The Bureau of Health Professions, Health Resources Administration, announces that competitive applications for Public Health Special Project Grants will be accepted from accredited schools of public health and other educational institutions under the authority of section 792(a) & (b) of the Public Health Service Act, as amended. Application materials are expected to be available on October 9, 1980.

Section 792(a) authorizes the Secretary to make grants to assist accredited schools of public health in meeting the costs of special projects to develop new programs or expand existing ones in:

- (1) Biostatistics or epidemiology;
- (2) Health administration, health planning, or health policy analysis and planning;
- (3) Environmental or occupational health;
- (4) Dietetics and nutrition; or
- (5) Maternal and child health.

Section 792(b) authorizes the Secretary to make grants to assist other educational institutions in meeting the costs of special projects for graduate programs in:

- (1) Biostatistics or epidemiology;
- (2) Health administration, health planning, or health policy analysis and planning;
- (3) Environmental or occupational health; or
- (4) Dietetics and nutrition.

Awards are limited to these listed programs. For FY 1981, in determining the order in which approved competitive applications will be funded, preference will be accorded to the types of projects listed below. Projects that meet any one of these criteria will receive funding preference; projects that meet more than one of these criteria will not receive additional preference.

1. Projects which develop or expand external degree programs or similar educational offerings providing opportunities for practicing public health personnel to obtain formal training in an eligible program area without interrupting current employment.

2. Projects which expand or improve the training of individuals to (1) plan, manage, and direct environmental health programs, or (2) identify, assess, and devise methods of control of a variety of types of environmental health hazards.

3. Projects which expand or improve the training of epidemiologists.

4. Projects which expand or improve the training of Public Health Nutritionists.

Applications which do not address these preferences will be reviewed and given consideration for funding.

Requests for application materials and questions regarding grants policy should be directed to:

Grants Management Officer, (D04),
Bureau of Health Professions, Health
Resources Administration, Center
Building, Room 4-27, 3700 East-West
Highway, Hyattsville, Maryland
20782. Telephone: (301) 436-7360.

Questions concerning the
programmatic aspects of these grants
should be directed to:

Miss Sallie Norcott, Education
Development Branch, Division of
Associated Health Professions,
Bureau of Health Professions, Health
Resources Administration, Center
Building, Room 5-27, 3700 East-West
Highway, Hyattsville, Maryland
20782. Telephone: (301) 436-6800.

To be considered for fiscal year 1981
funding, applications must be received
by the Grants Management Officer,
Bureau of Health Professions, at the
address above no later than January 9,
1981. Approximately \$2.3 million is
expected to be available for these
grants.

This program is listed at 13.961 in the
Catalog of Federal Domestic Assistance.
Applications submitted in response to
this announcement are not subject to
review by State and areawide
clearinghouses under the procedures in
Office of Management and Budget
Circular No. A-95.

Dated: October 8, 1980.

Henry A. Foley,
Administrator, Health Resources
Administration.

[FR Doc. 80-31778 Filed 10-10-80; 8:45 am]

BILLING CODE 4110-83-M

Fiscal Year 1981 Funding Preferences for the Health Careers Opportunity Program

This notice provides the final funding
preferences which will govern the
distribution of grant awards to approved
applicants for fiscal year 1981 under
section 787 of the Public Health Service
Act ("the Act").

In the September 2, 1980 *Federal
Register* (45 FR 58208), the Health
Resources Administration (HRA)
announced the deadline for submitting
applications for fiscal year 1981 Health
Career Opportunity Program (HCOP)

grants under the authority of sections
787 and 798 of the Act. It also provided a
30 day public comment period on four
proposed funding preferences which
would establish a priority order for
funding approved applications under
section 787 only. No funding preferences
for grants under section 798 were
proposed, and none are planned for
fiscal year 1981 awards.

Section 787 authorizes the Secretary
of Health and Human Services to make
grants to schools of medicine,
osteopathy, public health, dentistry,
veterinary medicine, optometry,
pharmacy, and podiatry and other
public or private nonprofit health or
educational entities to carry out
programs which assist individuals from
disadvantaged backgrounds to enter and
graduate from health professions
schools. Section 798 establishes a
parallel program for training in allied
health.

Public Comments

The Health Resources Administration
received thirteen comments on the
proposed preferences for section 787 by
the October 2 closing date. These
comments are discussed below.

Comment: Most respondents
expressed concerns about the level of
preference given to "health or
educational entities," such as
community groups and junior colleges,
which are neither health professions
schools nor institutions that award
baccalaureate degrees. Some felt that
these entities would be virtually
excluded under the preferences, and
requested that HRA set aside 10 to 25
percent of available funds for them. One
respondent felt that national
organizations which represent health
professions schools and baccalaureate
institutions would be excluded, and
requested that HRA add these
organizations to the first three
preferences. Other respondents were
concerned about the effect of the
preferences on baccalaureate
institutions. Some requested that HRA
set aside a percentage of funds for
baccalaureate institutions as well as for
other entities. One respondent urged
HRA to give first preference to
baccalaureate institutions because few
professions schools have the
commitment and capability to educate
students from disadvantaged
backgrounds.

Response: Individuals who need
HCOP assistance are best served when
organizations work together to provide a
continuous, educational "pathway" of
support from community groups through
health professions schools. For this
reason, HRA proposed funding priorities

to encourage "Educational Assistance
Agreements" between organizations and
institutions which would develop and
assure this continuity.

Each organizational link along the
"pathway" can provide a unique and
essential function. Nonetheless, health
professions schools received both the
first and second proposed preferences
because the effectiveness of the HCOP
program ultimately hinges on the
admissions policies of these schools as
well as the rates at which they actually
accept and graduate disadvantaged
students. Only 73 of the 326 health
professions schools participated in the
HCOP program in fiscal year 1980. The
Health Resources Administration hopes
to involve more of them, and at the same
time involve them with potential
students much earlier than they have in
the past. Although health professions
schools presently have the capacity to
meet the nation's long-term need for
health professionals, the chronic
underrepresentation of minorities in the
health professions will continue if these
institutions do not accept and graduate
higher percentages of disadvantaged
individuals.

At the same time, the establishment of
an effective network of organizational
linkages requires that the HCOP
program continue to provide support at
each level along the educational
"pathway." HRA recognizes the
concerns of those respondents who
pointed out the contributions made by
institutions and groups other than health
professions schools. The preferences
were not established to preclude support
to these organizations. Consequently,
HRA will assure that at least ten percent
of funds for competing awards will be
available for each preference below the
health professions school level, and for
approved applicants who do not qualify
for a preference.

Comment: One respondent felt that
the proposed preferences would
encourage health professions schools to
establish Educational Assistance
Agreements with the undergraduate
institutions at their own universities,
thereby limiting participation to the few
disadvantaged individuals who attend
the larger, well endowed universities
which have health professions schools.

Response: There are already
examples in the HCOP program of
undergraduate schools which do not
belong to universities with health
professions schools but have still
entered into mutually beneficial
agreements with health professions
schools in different regions of the
country. Also, it should be noted that
applicants must describe the target
populations they propose to assist, and

an applicant which proposes to assist individuals from a "feeder" institution which lacks a sufficient disadvantaged population will probably not be funded.

Comment: One respondent asked whether the preferences apply to approved applications for allied health projects under section 798 of the Act.

Response: The funding preferences do not apply to approved applications under section 798 of the Act. Only \$500,000 is estimated to be available for new, competitive grant awards in fiscal year 1981 under section 798. HRA believes that funding preferences are not warranted for such a relatively small program.

Funding Preferences

The preferences for determining priority for funding approved applications in fiscal year 1981 under section 787 of the Act are as follows:

First preference will be given to schools of medicine, osteopathy, dentistry, veterinary medicine, optometry, pharmacy, podiatry, and public health ("health professions schools") whose applications: (a) Show the school has or will have an Educational Assistance Agreement, as described below, with an institution which awards baccalaureate degrees, and (b) propose to carry out at least both of the following purposes:

(1) To facilitate the entry of individuals from disadvantaged backgrounds into health professions schools by engaging in activities which assist them to compete for admission, such as instruction designed to improve performance on admission tests, and by assisting admissions committees with the evaluation of disadvantaged applicants; and

(2) To provide counseling or other retention services, such as tutorial assistance and assistance in adjusting to the environment of the school, which are designed to help individuals from disadvantaged backgrounds who are enrolled in health professions schools to complete this education.

Second preference will be given to health professions schools which propose to carry out purposes (1) and (2) as stated in the preceding paragraphs.

Third preference will be given to institutions which award baccalaureate degrees and have an Educational Assistance Agreement with a health professions school; and

Fourth preference will be given to other health or educational entities, such as community groups, which have an Educational Assistance Agreement with an institution which awards baccalaureate degrees where this

baccalaureate institution also has an Educational Assistance Agreement with a professions school.

An Educational Assistance Agreement must evidence a formal relationship between the grantee and the other school or entity for the purpose of assuring a continuity of training through the health professions school. This agreement must provide financial (excluding direct student aid) or other support for this purpose which may include funds from the grant awarded under this program. It may be demonstrated by joint use of faculty, staff and facilities.

No less than ten percent of the funds available for competitive awards will be available for approved applicants that qualify for the third preference. The same will apply for applicants that qualify for fourth preference, and for approved applicants that do not qualify for a preference. If all the awards to approved applicants who qualify for a particular preference do not result in the award of all the funds available for that preference, the balance will be added to the funds available for the next lower preference, or for approved applicants without preference, as the case may be.

Additionally, applicants are reminded that the funding preferences do not affect eligibility for a grant, are not taken into consideration when an application is reviewed for technical acceptability, and are only applied to approved applications.

Finally, HRA recognizes that applicants might have difficulty obtaining written Educational Assistance Agreements by the December 11 deadline for applications. Consequently, copies of these agreements must be received by January 9 from applicants seeking a preference involving an Educational Assistance Agreement.

Dated: October 8, 1980.

Henry A. Foley,
Administrator, Health Resources
Administrator.

[FR Doc. 80-31777 Filed 10-10-80; 8:45 am]

BILLING CODE 4110-83-M

Office of the Secretary

Public Health Service; Center for Disease Control; Office of the Assistant Secretary for Health; Statement of Organization, Functions, and Delegations of Authority

This Federal Register notice announces the reorganization of the Center for Disease Control and the change of its name to Centers for Disease Control. This reorganization is

the first major organizational change in the Center for Disease Control since 1973, and is designed to enhance the fulfillment of its mission for the improvement of disease prevention and health promotion activities.

The internal organization of the Center for Disease Control is being changed to: (1) Realign the major components of the Center for more effective implementation of the Center's role as the prevention arm of the Public Health Service as it has evolved over the last 7 years; (2) abolish the Bureau of Smallpox Eradication now that its original mission has been achieved; and (3) enhance both the functional and operational strengths of the Center. The overall mission of the Center remains the same: to prevent unnecessary illness and death and to enhance the health of the American people.

The Center, as reorganized, will carry out its functions through six operational bureau-level Centers, three functional program-level Offices, and five staff-level Offices. The mission, functional statements, order of succession, and delegations of authority for the Centers for Disease Control are published in the succeeding paragraphs.

This notice also makes minor changes in certain functional statements within the Office of the Assistant Secretary for Health.

Part H, Chapter HC (Center for Disease Control) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (39 FR 1461, January 9, 1974, as amended most recently at 43 FR 49369, October 23, 1978) is deleted in its entirety and the following substituted:

Centers For Disease Control (HC)

Section HC-A Mission. The Centers for Disease Control (CDC) serves as the Department's focus for developing and applying disease prevention and control, environmental health, and health promotion and health education activities designed to improve the health of the people of the United States.

To accomplish this, the Centers for Disease Control: (1) Defines preventable health problems and identifies what can and must be done to prevent unnecessary disease and promote better health; (2) maintains active surveillance of diseases through epidemiologic and laboratory investigations and the collection, analysis, and distribution of data related to preventable diseases and conditions; (3) serves as the PHS lead agency in developing, stimulating, and implementing operational programs to deal with environmental health problems, including response to

environmental, chemical, and radiation emergencies; (4) supports and conducts operational research aimed at developing and testing effective disease prevention, control, and health promotion and health education programs; (5) conducts, supports, and stimulates disease prevention and control, and health promotion programs in States and communities, working in close concert with State and local agencies; (6) administers a national program to develop recommended occupational safety and health standards and to conduct research, training, and technical assistance to assure safe and healthful working conditions for every working person; (7) conducts a national program for improving the performance of clinical laboratories; (8) develops and sustains a stronger capacity to develop personnel and resources for disease prevention and control and health promotion, and stimulates the development and maintenance of the capacity of State and local health agencies to respond to the health needs of their citizens; (9) carries out Federal responsibilities for controlling the introduction and spread of infectious diseases; (10) provides consultation to, and participates with, other nations and international agencies in preventing and controlling diseases and environmental health problems; and makes available to developing nations expertise, procedures, and programs to assist them in improving their disease prevention and control, environmental health, and health promotion activities.

Section HC-B Organization and Functions. The Centers for Disease Control is under the direction of a Director who reports to the Assistant Secretary for Health and Surgeon General. The agency consists of the following major components, with functions indicated:

Office of the Director (HCA). (1) Manages and directs the activities of the Centers for Disease Control; (2) provides leadership for the implementation of CDC's responsibilities related to disease prevention and control; (3) advises the Assistant Secretary for Health and Surgeon General on policy matters concerning CDC activities; (4) participates in the development of CDC goals and objectives; (5) provides overall direction and coordination to the epidemiologic activities of the Centers for Disease Control; (6) coordinates the CDC response to health emergencies; (7) provides liaison with other governmental agencies, international organizations including the World Health Organization and the U.S. Agency for International Development,

learning institutions, and other outside groups; (8) coordinates, in collaboration with the PHS Office of International Health, international health activities relating to disease prevention and control; (9) in cooperation with the PHS Regional Offices, provides or obtains technical assistance for State and local health departments and private and official agencies as needed; (10) provides overall direction to, and coordination of, the scientific/medical programs of CDC; (11) plans, promotes, and coordinates an ongoing program to assure equal employment opportunities in CDC; (12) provides leadership, coordination, and assessment of administrative management activities; (13) coordinates or assures coordination with the appropriate PHS staff offices on administrative and program matters.

Office of Administrative Management (HCA5). Under the direction of the Executive Officer: (1) Assists and advises in the development, coordination, direction, and assessment of management activities throughout the Centers for Disease Control, and assures consideration of management implications in program decisions; (2) conducts CDC's activities in the areas of financial management, personnel management, management analysis and services, computer systems, engineering services, grants management, procurement and materiel management, publications management, library, legislation reference, and other delegated authorities as may be assigned; (3) directly and/or through the individual staff offices of the Centers for Disease Control, provides leadership, guidance, and evaluation of administrative management services performed for or by Centers, Offices, and other components of the CDC; (4) maintains liaison with officials of the Office of the Assistant Secretary for Health and the Office of the Secretary on management matters; (5) provides financial data and systems development in support of overall planning and budgeting systems; (6) participates in the development of CDC's goals and objectives.

Office of Biosafety (HCA1). Under the direction of CDC's Assistant Director for Science: (1) Develops and implements a CDC-wide program for the control of biological, chemical, and physical hazards for the protection of CDC employees and the surrounding community; (2) issues permits for importation and distribution of etiologic agents and vectors, and regulates packaging of etiologic agents in interstate commerce; (3) plans, directs, and coordinates laboratory,

environmental, and industrial safety programs at all CDC facilities.

CDC Washington Office (HCA6). Under the direction of the Assistant Director/Washington, and as directed by the CDC Director or the Assistant Secretary for Health/Surgeon General: (1) Serves as a resource for linkage within the Public Health Service and with other components of HHS, other governmental agencies, and outside groups; (2) provides coordination and oversight of CDC's health promotion and health education activities and serves as liaison with the Office of Health Information, Health Promotion, and Physical Fitness and Sports Medicine, Office of the Assistant Secretary for Health; (3) as appropriate, represents CDC in professional, program, and management matters within HHS and with external groups.

Office of Program Planning and Evaluation (HCA4). (1) Develops CDC's multi-year program plans for input into the overall plans of the Office of the Assistant Secretary for Health and the Department; (2) implements the Department's Operational Management System within CDC; (3) evaluates the Centers for Disease Control's progress toward program goals and objectives, and coordinates evaluation efforts; (4) conducts continuing studies and analyses of major program activities; (5) develops and maintains a CDC-wide program information system; (6) analyzes major health care programs and proposed legislation with respect to CDC's program goals and objectives; (7) coordinates CDC's public-use reports clearance.

Office of Public Affairs (HCA2). (1) Plans, organizes, and administers CDC's public information program consistent with policy direction established by the Assistant Secretary for Public Affairs; (2) maintains liaison with appropriate officials of the PHS and official and voluntary health agencies to coordinate information programs of mutual interest and concern; (3) provides a mechanism for review/clearance of information materials; (4) utilizes existing resources in disseminating health messages of the Centers for Disease Control; (5) coordinates the CDC implementation of the Freedom of Information Act for CDC.

Epidemiology Program Office (HCD). Under the direction of CDC's Assistant Director for Public Health Practice: (1) Serves as the focal point for the collection, analysis, and communication of basic surveillance information; (2) plans, develops, and edits the Morbidity and Mortality Weekly Report and various surveillance reports; (3) maintains the Epidemic Intelligence

Service through the recruitment, training, and assignment of epidemiologists; (4) provides epidemiologic assistance and epidemic aid through the field assignment of epidemiologists; (5) provides assistance in analyzing the influence of various factors such as socioeconomic status and demographic characteristics on the incidence and severity of preventable diseases; (6) provides consultation on epidemiology and surveillance to other Centers and Offices of the CDC, other Federal agencies, State and local health departments, international organizations (such as the World Health Organization and the Pan American Health Organization), and other nations; (7) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

International Health Program Office (HCG). Under the direction of CDC's Assistant Director for International Health: (1) Provides consultation to, and participates with, other nations and international agencies in preventing and controlling diseases and environmental health problems; (2) coordinates the provision of CDC expertise, resources, and programs to developing countries to assist them in improving their disease prevention and control, environmental health, and health promotion activities; (3) develops, field tests, and makes recommendations on adoption of new and improved procedures to assist developing countries in improving their disease prevention and control, environmental health, and health promotion activities; (4) plans, conducts, and evaluates research activities in various aspects of disease control for global programs; (5) coordinates the special foreign currency program (Pub. L. 480) activities overseas; (6) provides for the reception and orientation of foreign visitors to the Centers for Disease Control; (7) maintains regular liaison with the PHS Office of International Health and with other organizations concerned with international health; (8) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

Laboratory Improvement Program Office (HCF). Under the direction of CDC's Assistant Director for Science: (1) Coordinates a comprehensive national laboratory improvement program; (2) develops and recommends standards, regulations, and criteria for clinical laboratory licensure and certification; (3) monitors the effectiveness of clinical laboratory licensure and certification programs; (4) administers a proficiency testing program for clinical laboratories;

(5) works with other Federal agencies and State and professional organizations in developing laboratory improvement programs; (6) administers a national laboratory training program directed primarily toward State public health and other health laboratories; (7) administers a national laboratory managerial consultation program, directed toward State public health and other health laboratories, which includes research, development, analysis, and the provision of technical assistance related to improved laboratory management and resource utilization; (8) in carrying out the above functions, collaborates, as appropriate, with other Centers and offices of the CDC.

Center for Prevention Services (HCM). Plans, directs, and coordinates national programs of assistance involving preventive health services to State and local health agencies. In carrying out this mission, the Center: (1) Provides leadership to the health community, especially State and local health agencies, in the development, organization, and implementation of improved preventive health services programs; (2) assists State and local health agencies in integrating and coordinating preventive services delivered by private and public organizations in the community and in assuring delivery of preventive services to all persons regardless of socioeconomic status; (3) assists States and localities in specifying major health problems in the community and in formulating technical theories on which intervention strategies can be based; (4) serves as the primary focus for assisting States and localities, through formula and project grants and other mechanisms, in establishing and maintaining prevention and control programs directed toward health problems, such as immunizable diseases, sexually transmissible diseases, dental disease, kidney disease, diabetes, and tuberculosis; (5) maintains operational knowledge of the nature, scope, and occurrence of preventable health problems; (6) conducts operation research to improve the assistance programs; (7) assesses program operations and public health practices and provides technical assistance to States in the operation of preventive health service programs; (8) administers a quarantine program to protect the United States against the introduction of diseases from other nations; (9) maintains liaison with other U.S. Governmental agencies, State and local health agencies, national organizations, and educational institutions; (10)

provides technical assistance to other nations; (11) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

Center for Environmental Health (HCN). Plans, directs, and coordinates a national program to prevent or control environmentally related health problems occurring outside the workplace. In carrying out this mission, the Center: (1) Provides leadership to the public health community in the prevention and control of disease and health problems related to the environment; (2) develops and maintains surveillance (in cooperation with the National Center for Health Statistics and the National Institute of Environmental Health Sciences) of environmentally related health problems and chronic diseases, including resultant illness, disability, and death; (3) conducts applied and operational research related to problem definition, distribution, prevention, containment, and control of environmentally related health problems and chronic diseases; (4) conducts epidemiologic studies of the effects of low level radiation on community populations; (5) serves as the coordinating point for PHS review of environmental impact statements; (6) has the lead responsibility in PHS for responding to environmental, chemical, and radiation emergencies occurring outside the workplace; (7) provides technical assistance to States and localities in the prevention and control of environmental health and chronic disease problems; (8) evaluates biochemical and immunochemical techniques, materials, and reagents used in public health laboratories; (9) assists States and localities, through grants and other mechanisms, in establishing and maintaining prevention and control programs, such as lead-based paint poisoning prevention, urban rat control, and injury control; (10) maintains liaison with, and provides advice and assistance to, other Federal agencies and to outside groups; (11) provides technical assistance to other nations in the development and implementation of prevention and control of environmental health and chronic disease problems; (12) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

National Institute for Occupational Safety and Health (HCC). Plans, directs, and coordinates a national program to develop and establish recommended occupational safety and health standards and to conduct research, training, technical assistance, and related activities to assure safe and healthful working conditions for every

working person. In carrying out this mission, the Institute: (1) Administers research in the field of occupational safety and health, including the conduct of health hazard evaluations; (2) develops innovative methods and approaches for dealing with occupational safety and health problems; (3) provides medical criteria which will ensure, insofar as practicable, that no employee will suffer diminished health, functional capacity, or life expectancy as a result of work experience, with emphasis on ways to discover latent disease, establishing causal relationship between diseases and work conditions; (4) serves as a principal focus for training programs to increase the number and competence of personnel engaged in the practice of occupational safety and health; (5) develops and coordinates the appropriate reporting procedures which assist in accurately describing the nature of the national occupational safety and health problems; (6) consults with the U.S. Department of Labor; U.S. Department of the Interior; other Federal agencies; and, in cooperation with the PHS Regional Offices, State and local government agencies; industry; and employee organizations with regard to promotion of occupational safety and health; (7) provides technical assistance to other nations in establishing and implementing occupational safety and health programs; (8) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

Center for Health Promotion and Education (HCK). Within the overall policy and guidance of the Office of the Assistant Secretary for Health, plans, directs, and coordinates the operation of a national program for the development, stimulation, and support of health promotion, health education, and risk reduction activities. In carrying out this mission, the Center: (1) Provides leadership in the development, implementation, and improvement of health promotion, health education, and risk reduction efforts; (2) serves as the focus for health education and promotion operations carried out through various settings including, but not limited to, health care facilities, schools, worksites, and communities; (3) develops and disseminates health education materials designed for delivery to population groups; (4) conducts research and demonstrations in health promotion, health education, and risk reduction, particularly with respect to the identification and demonstration of techniques employed in key settings such as the school, the

worksite, and the community; (5) conducts research, develops and maintains surveillance, carries out demonstrations, and evaluates programs relating to major personal health factors, such as nutrition, family planning, abortion, and exercise; (6) assists States and localities, through grants and other mechanisms, in establishing effective health promotion and health education programs related to general community health education and risk reduction; (7) collaborates with public and private organizations and provides technical assistance with respect to health education in general and to special target areas and risk factors including, but not limited to, reproductive health, nutrition, patient education, and lifestyle programs; (8) provides technical assistance to other nations in the development and implementation of plans for effective health promotion, health education, and risk reduction programs; (9) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of CDC.

Center for Professional Development and Training (HCT). Plans, directs, and coordinates a program to develop and sustain a strong national workforce in disease prevention and control. In carrying out this mission, the Center: (1) Provides leadership in updating and improving the performance of practicing health professionals in the methods and techniques of disease prevention and control and health promotion; (2) conducts research and demonstration activities related to the improvement of health promotion and disease prevention training and professional development; (3) conducts short-term training for public health workers to correct skill and knowledge deficiencies and to transfer technology; (4) provides assistance to States in the establishment, maintenance, and improvement of State and other health training and technology transfer programs; (5) works collaboratively with learning institutions, especially schools of public health and departments of preventive and social medicine, to develop and implement improved learning programs for disease prevention and health promotion; (6) assists other nations in establishing and implementing plans for effective disease prevention professional development programs; (7) coordinates CDC's training activities, manages the Atlanta training facilities, and provides training support services; (8) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

Center for Infectious Diseases (HCR). Plans, directs, and coordinates a national program to improve the identification, investigation, diagnosis, prevention, and control of infectious diseases. In carrying out this mission, the Center: (1) Provides leadership in investigation and diagnosis of infectious diseases of public health significance; (2) maintains surveillance of infectious diseases, disability, and death; (3) conducts applied and operational research related to definition, distribution, diagnosis, prevention, and control of infectious diseases, including vaccine development; (4) administers a biological reagents program which includes research on production; development of guidelines for production and utilization; and standardization, production, and distribution of reference reagents; (5) produces, evaluates, and distributes experimental vaccines, antisera and antitoxins, skin test antigens, and immune serum globulins to control and prevent laboratory infections and to prevent or minimize illness in certain population groups; (6) produces and distributes microbiological reference and working reagents not commercially available or of unreliable supply; (7) conducts applied research related to vectors of disease; (8) provides epidemic assistance; (9) maintains competence in the detection, identification, and control of rare, exotic, or tropical diseases; (10) provides reference diagnostic services; (11) provides technical assistance to States and localities and to other nations in the investigation, diagnosis, prevention, and control of infectious diseases; (12) provides scientific services in support of CDC's laboratories; (13) provides epidemic aid to foreign nations and assists other nations in establishing and implementing infectious disease control programs; (14) in carrying out the above functions, collaborates, as appropriate, with other Centers and Offices of the CDC.

Section HC-C Order of Succession. During the absence or disability of the CDC Director or in the event of a vacancy in the Director's office, the first official listed below who is available shall act as Director, except that during a planned period of absence the Director may specify a different order of succession:

(1) Deputy Director; (2) Assistant Director for International Health; (3) Assistant Director for Public Health Practice; (4) Assistant Director for Science; (5) Assistant Director/Washington; (6) Executive Officer.

Section HC-D Delegations of Authority. All delegations of authority to the Director, Center for Disease Control, which were in effect immediately prior to the effective date of this reorganization shall continue in effect in the Director, Centers for Disease Control, pending further redelegation. All delegations or redelegations of authority to any officers or employees of the Center for Disease Control which were in effect immediately prior to the effective date of this reorganization shall continue in effect in them or their successors, pending further redelegation.

Office of the Assistant Secretary for Health

Part H, Chapter HA (Office of the Assistant Secretary for Health) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (38 FR 18571, July 12, 1973, as amended in pertinent part at 44 FR 23125-23130, April 18, 1979) is amended to reflect the: (1) restatement of the functional statement for the Senior Advisor for Environmental Affairs; and (2) deletion of the reference to immunization from the functional statement of the Office of Disease Prevention and Health Promotion.

Under *Section HA-20 Functions*, make the following changes:

Delete the State for the *Senior Advisor for Environmental Affairs (HA3)* in its entirety and substitute the following:

Senior Advisor for Environmental Affairs (HA3). Serves as the principal advisor to and representative of ASH/SG on all aspects of environmental health and related health and scientific matters. As directed by the ASH/SG, participates in the coordination of PHS components in crosscutting environmental health efforts. Advises ASH/SG on actions which should be taken by PHS to improve its capacity to help prevent or control the major environmental causes of morbidity and mortality. Serves as the ASH/SG's personal agent in coordinating PHS participation in the Department's collaboration with other Federal Departments and agencies relative to health and environmental effects of energy technologies; and as directed by the ASH/SG, serves as Departmental liaison with the scientific community on environmental health matters.

Amend the statement for the Office of Disease Prevention and Health Promotion (HA8) by deleting "such as immunization," under item (5); and amending item (8) to read "conducts a comprehensive national program for

promoting physical fitness and sports medicine."

Dated: October 1, 1980.

Patricia Robers Harris,
Secretary.

[FR Doc. 80-31888 Filed 10-10-80; 8:45 am]

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Public Health Service; National Institutes of Health; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HN (National Institutes of Health) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (40 FR 22859, May 27, 1975, as amended most recently in pertinent part at 44 FR 40141, July 9, 1979), is amended to reflect the following changes in the Office of Program Planning and Evaluation, Office of the Director: (1) abolishment of the Division of Resources Analysis and (2) modification of the functional statement for the Division of Program Analysis. These changes will more closely link program planning and evaluation with direct policy and program analysis needs.

Section HN-B, Organization and Functions, is amended as follows:

Under the heading *Office of Program Planning and Evaluation (HNA6)*, make the following changes:

(1) Delete the statement for the *Division of Resources Analysis (HNA63)* in its entirety.

(2) Amend the statement for the *Division of Program Analysis (HNA62)* to delete the period and include after item (3) the following: "(4) monitors flow of funds supporting health research and development and production of research personnel in bioscience and relevant health-related fields."

Dated: September 30, 1980.

Patricia Roberts Harris,
Secretary, Department of Health and Human Services.

[FR Doc. 80-31886 Filed 10-10-80; 8:45 am]

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Public Health Service; Food and Drug Administration; Statement of Organization, Functions, and Delegations of Authority

Part H, Chapter HF (Food and Drug Administration) of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (35 FR 3685, February 25, 1970, as amended in pertinent part at 43 FR 16418, April 18, 1978 and 44 FR 73165, December 17, 1979) is amended to reflect

a realignment of functions within the Office of the Commissioner.

Subsequent to the April 1978 reorganization, an Office of Consumer Affairs was established in the Immediate Office of the Commissioner (44 FR 73165, December 17, 1979). This was in compliance with Executive Order 12160 of September 26, 1979 (44 FR 55787) and Consumer Affairs Council guidelines (44 FR 71103, December 10, 1979).

On June 9, 1980 the Department issued its Final Consumer Affairs Plan (45 FR 38977). These guidelines place renewed emphasis on improving consumer communication services including distributing information, handling consumer concerns, and coordinating intra-Department consumer activities. For this reason and for better operating efficiency in the Office of Policy Coordination, consumer communication functions related to consumer inquiries not directed to the Commissioner or field offices under the Executive Director of Regional Operations are being transferred to the Office of Consumer Affairs. As presented in this Notice, these functions will reside in the Office of Consumer Affairs. The Office is headed by an Associate Commissioner and will now be given full staff office stature.

Accordingly, revised functional statements are presented for the Offices of Policy Coordination and Consumer Affairs, Office of the Commissioner. *Section HF-B, Organization*, is amended as follows:

1. Delete in its entirety subparagraph (a-1) *Office of Consumer Affairs (HFA-C)*, which is under paragraph (a) *Office of the Commissioner (HFA)*, and substitute a new paragraph as indicated in 3. below.

2. Delete paragraph (e) *Office of Policy Coordination (HFAE)* in its entirety and substitute the following:

(e) *Office of Policy Coordination (HFAE).*

Advises and assists the Commissioner and other key officials concerning information that may affect current or proposed FDA policies.

Develops and maintains management information necessary to establish and monitor Agency priorities.

Monitors policy formulation activities of interest to the Commissioner.

Directs the resolution of policy issues involving more than one component of the Agency.

Coordinates review and analysis of policy documents directed to the Commissioner for adequacy of clearances and other elements of completed staff work.